

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-015380**  
2285 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2285

**FILED MAY 14 1962**

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City

Length of stay in 1b

45 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Kelly Nursing Home

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
6217 E. 12 Terrace

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Merton

Middle A

Last Nivens

4. DATE OF DEATH

Month April

Day 23

Year 1962

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)  
88

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY  
Woodcarver

11. BIRTHPLACE (City and state or country)  
Randolph, New York

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Osborn Nivens

13b. MOTHER'S MAIDEN NAME

Anna Nichols

14. NAME OF HUSBAND OR WIFE

Helen Nivens

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
[Redacted]

17. INFORMANT  
Address  
Helen Nivens 6217 E. 12th Terrace K.C.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

6 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-28-62 to 4-23-62 and last saw her alive on 4-10-62

Death occurred at 12:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Richard L. Lehner MD

22b. ADDRESS

1103 Grand Kansas City, Mo.

22c. DATE SIGNED

4-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

4-25-62

23c. NAME OF CEMETERY OR CREMATORY

MT Washington

23d. LOCATION (City, town, or county)

K.C. MO.

(State)

24. FUNERAL DIRECTOR

Stine + McChure

ADDRESS

K.C. MO. 4-25-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Richard L. Lehner

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
1  
3212  
3  
4 0  
5 1  
6  
7 1  
8 0  
94200  
10  
11  
1296-0  
13

Dr. Richard Turner  
1400 Hwy. 150  
W-2-3978  
12-5 pm  
Mon in Queo.

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*William M. Turner*

Licensed Embalmer No.

*4648*

P. O. Address

*Lamar City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.